

RRCC Alternative Work Arrangement Request Form

Section 1: To be completed by the employee

Alternative Work Arrangement: An alternative work arrangement may include an alternative work schedule, remote work or both. Refer to the RRCC Alternative Work Arrangement Guidelines for further details. Alternative work arrangements must be approved in writing by the employee's supervisor using this form. A copy of the fully executed form must be maintained by the department and filed with Human Resources. No alternative work arrangements will be effective until approved.

Employee Name: _____ **Employee ID:** _____

Employee Job Title: _____ **Start Date for Arrangement:** _____

Type of Alternative Work Schedules, Flexplace and Remoteworking Options

Check all that apply:

Four 10's -

Nine by four -

Flexplace -

Flexplace and time -

Remoteworking -

Requested Alternative Work Schedule/Remote Work

Day	Hours/Schedule	Work Location (RRCC Campus or Remote)
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

For remote work only: What are the expectations for attendance at meetings or other interactions across the College and with customers? Include when attendance must be in- person vs. remote and expectations for presence in virtual meetings.

Section 2: To be completed by the supervisor

1. Did the employee receive a commendable rating or higher on the most recent formal performance evaluation?
Yes -
No -
N/A (for newly hired employees) -

2. Does the employee currently meet all performance expectations of the position?
Yes -
No -
N/A (for newly hired employees) -

3. Does the requesting employee have a satisfactory attendance record?
Yes -
No -
N/A (for newly hired employees) -

4. Will the requested AWA, flexplace or remotework arrangement cause any disruption to performance and/or service delivery?
Yes - Describe: _____
No -

5. Will the work unit be appropriately covered during RRCC's core hours?
Yes -
No -

Describe how productivity will be maintained, measured and evaluated. Also describe how this arrangement provides a clear benefit to RRCC:

Select which category best describes the employee's position or job duties (mark all that apply):

- 1) Employee's job has a high level of independence and employee does not frequently participate in meetings -
- 2) Meetings for this position are regularly scheduled and employee's attendance can be planned accordingly -

Section 3: Authorization

By signing below, the employee requesting an Alternative Work Arrangement agrees to abide by all applicable laws, policies, procedures, and the RRCC Office Alternative Work Arrangement Guidelines. This request is made with the understanding that the Alternative Work Arrangement will not adversely affect the work and services provided by the department, or productivity and work quality. The employee understands and agrees that they have no right to continue this Alternative Work Arrangement, and RRCC, in its sole discretion, may modify or terminate the arrangement at any time based on business needs and after consultation with the employee. Employees requesting remote work arrangements agree their alternate work location is free of recognized hazards that could cause physical harm and will be maintained to ensure proper ergonomic setup.

Employee Signature: _____ **Date:** _____

By signing below, the supervisor and divisional Vice President approve the requested Alternative Work Schedule outlined in this form and agrees to abide by all applicable laws, policies, procedures, and the RRCC Alternative Work Arrangement Guidelines. Upon approval, the supervisor will retain a copy of this form in the department and submit a copy to Human Resources. Any subsequent modification or termination of the Alternative Work Arrangement shall be documented and filed with Human Resources.

Supervisor Signature: _____ **Date:** _____

Vice President Signature: _____ **Date:** _____

Received by Human Resources: _____ **Date:** _____